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insights



The Troubling Spate of

FGM

IN NIGERIA 

About Invictus Africa

Invictus Africa is a civic organization that promotes human rights and gender equality through data-driven advocacy, leveraging digital technology, and engaging stakeholders.

About Insights

Insights is a monthly publication by Invictus Africa, designed to explore and analyze critical rights-based issues affecting vulnerable populations, with a strong focus on women, children, and persons with disabilities. Using data and evidence, we aim to highlight inequalities, enhance understanding, and offer actionable solutions to address these challenges.

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The Troubling Spate of FGM in Nigeria

"I wish I could take back that part of me. Female Genital Mutilation takes half or all of a woman's sexual life", Rosemary Attah, FGM survivor.

Rosemary Attah was only two years old when she underwent Female Genital Mutilation (FGM). More than three decades later, she still remembers the experience. Although at the time she was cut, she was unaware of what the procedure was and its harmful effects, realization dawned on her while in secondary school.

"I used to see pictures of vaginas and I observed that mine looked differently. The ones in the pictures had a clitoris but I didn't have one. At some point, I assumed that every lady had different vaginas. I asked my friends to be sure and they confirmed that theirs looked like what was in the picture. I still felt very different until my teacher talked about FGM. I did my research and asked my mum too, that was when it clicked," Attah told this writer.

The World Health Organisation (WHO) describes FGM as all procedures that involve partial or total removal of the external female genitalia for non-medical reasons. According to the WHO, FGM damages healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies. Other long-term effects of FGM are sexual problems, which include pain during intercourse and decreased satisfaction. This is exactly Attah's case.

"The only thing I feel during sex is pain. I don't enjoy sex," she revealed.

Gender-Based Violence: The Enemy of Women and Girls

The European Institute for Gender Equality defines gender-based violence (GBV) as violence directed against a person because of their gender, noting that both sexes experience gender-based violence but most victims are women and girls. According to the United Nations, violence against women is any act of gender-based violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.

GBV and violence against women are terms that are often used interchangeably as it has been widely acknowledged that men inflict most gender-based violence on women and girls. However, using the 'gender-based' highlights the fact that many forms of violence against women are rooted in power inequalities between women and men.

Forms of Gender-Based Violence

Gender-based violence takes various forms, including:

1. **Physical Violence:** It includes beating, strangling, pushing, choking, biting, hair pulling, burning, cutting or stabbing, torturing, poisoning, disfiguring, smothering, electrocuting, kicking, forced physical confinement, and the use of weapons. In Nigeria, almost one in three women aged 15 to 49 has experienced physical violence, UNICEF says.
2. **Psychological Violence:** It includes psychologically abusive behaviours, such as verbal abuse, controlling, coercion, manipulation, isolation, control, ignoring, jealousy, degradation, threats, excessive criticism, lies and deception, micro-aggression, withholding support, and blackmail.
3. **Sexual Violence:** It includes rape, molestation, incest, sexual assault, sexual harassment, coercion, sexual degradation, forcing pornography, sexual humiliation, drug-facilitated sexual assault, groping, sexual blackmail, acts to traffic, or acts otherwise directed against a person's sexuality without the person's consent. FGM is a form of sexual violence that is fuelled by socio-cultural norms. For example, no survivor of FGM gave consent before they were cut.
4. **Economic Violence:** Any act or behaviour which causes economic harm to an individual. It includes controlling finances, withholding money, preventing employment, forcing debt, controlling assets, making financial decisions alone, exploiting income, forcing illegal activities, manipulating financial information, threatening financial stability, and forcing unpaid labour.

FGM: A Violation of Sexual and Reproductive Rights

WHO declares FGM as a violation of a person's rights to health, security, and physical integrity; the right to be free from torture and cruel, inhuman, or degrading treatment; and the right to life, in instances when the procedure results in death. It also states that FGM is recognized internationally as a violation of the human rights of girls and women, reflecting deep-rooted inequality between the sexes and an extreme form of discrimination against girls and women.

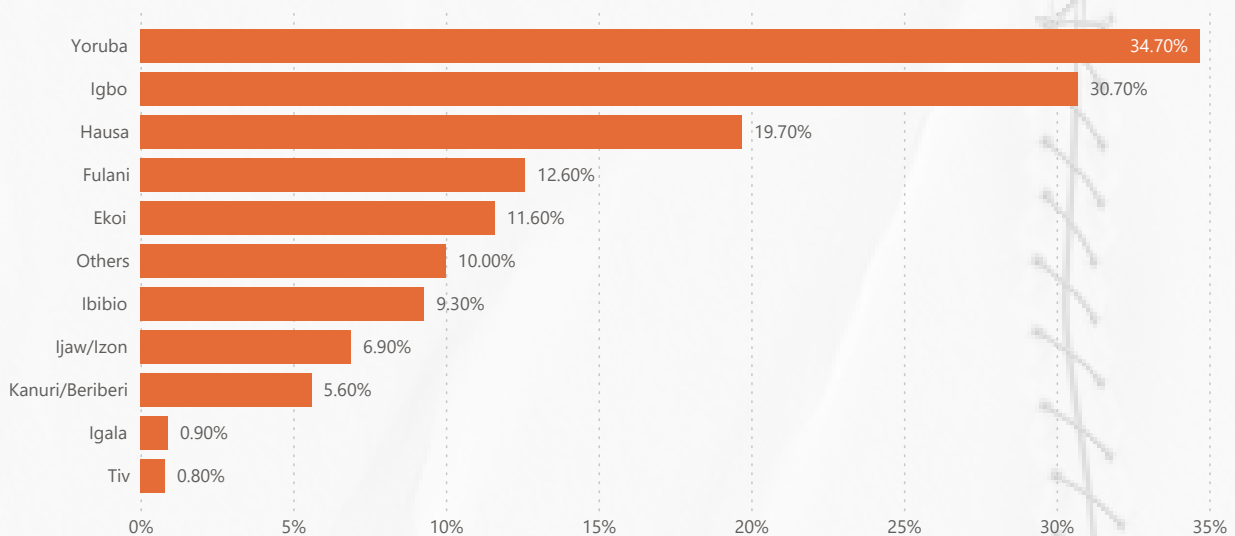
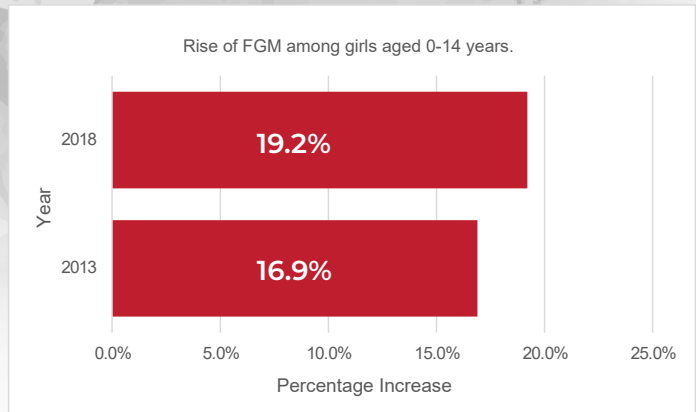
FGM is widespread in Nigeria as one in four females of reproductive age (15-49 years) have been mutilated, making it the third largest country with a high number of females who have undergone the procedure (UNICEF, 2016). The prevalence rate of FGM rose from 16.9% in 2013 to 19.2% in 2018 among girls aged 0-14. However, the national prevalence of FGM among women in Nigeria aged 15-49 dropped from 25% in 2013 to 20% in 2018 (NDHS, 2018). An estimated 86% of females were cut before the age of five, while 8% were cut between ages five and 14 (28 Too Many, 2018).

FGM prevalence rates vary among the major ethnic groups with Yorubas having

the highest percentage (34.7%), followed by Igbos (30.7%), and Hausas (19.7%). Geopolitically, the Southeast region has the highest prevalence at 35%, followed by the Southwest at 30%, and the Northeast at the lowest at 6%. (NDHS, 2018).



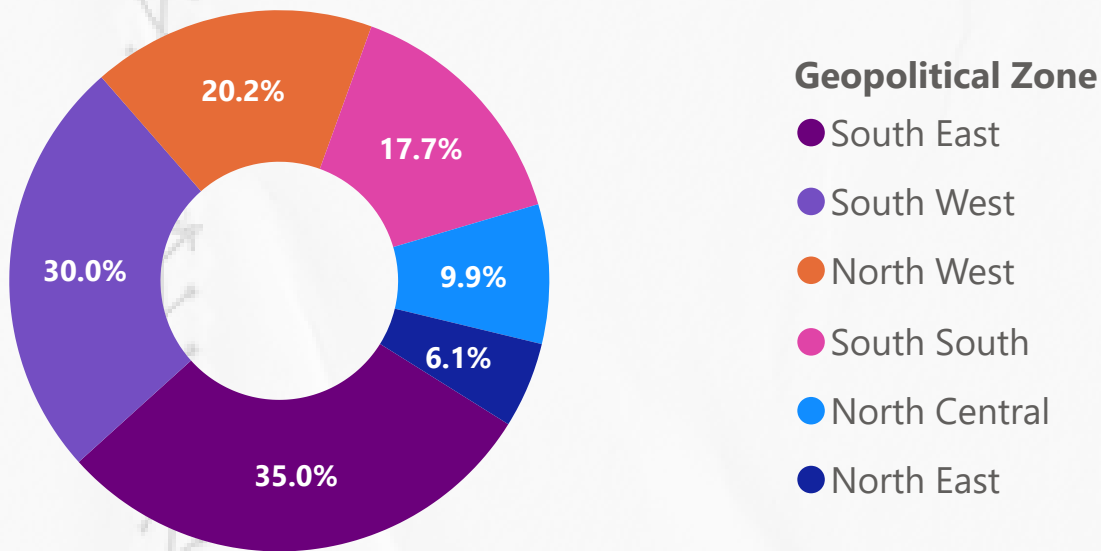
One in four females of reproductive age (15-49 years) have been mutilated



FGM prevalence rates among the major ethnic groups in Nigeria

The procedure has no health benefits, instead, it harms girls and women in many ways. Although all types of FGM pose a risk of health complications, the risk is higher for the more severe forms. Some of the immediate complications include severe pain, excessive bleeding (hemorrhage), genital tissue swelling, infections e.g., tetanus, urinary problems, injury to surrounding genital tissue, shock, and death. The long-term complications include urinary, vaginal, menstrual, and sexual problems, increased risk of childbirth complications and newborn deaths, and psychological problems.

Despite the harmful effects of this procedure, FGM is performed in Nigeria to promote purity and marriageability. In many cultures, it is believed that uncut women are promiscuous, unclean, unmarriageable, physically undesirable, and a potential health risk to their children especially during childbirth.



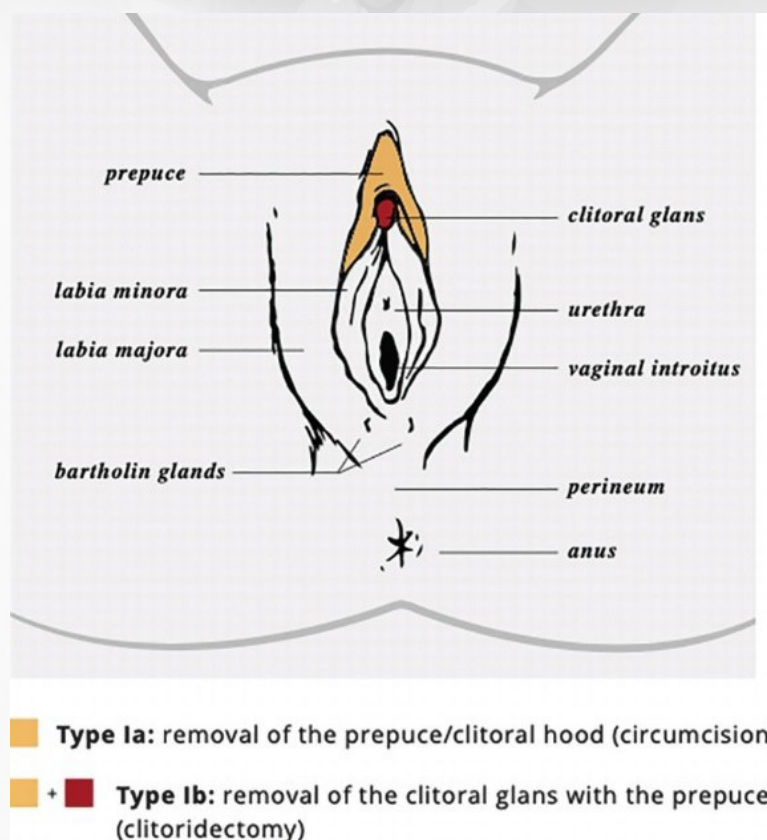
Geopolitical rating of FGM prevalence in Nigeria

Four Ways Women and Girls Are Mutilated

While communities may have their own names for FGM, the World Health Organization categorized the procedures into four established types:

Type 1 – Clitoridectomy

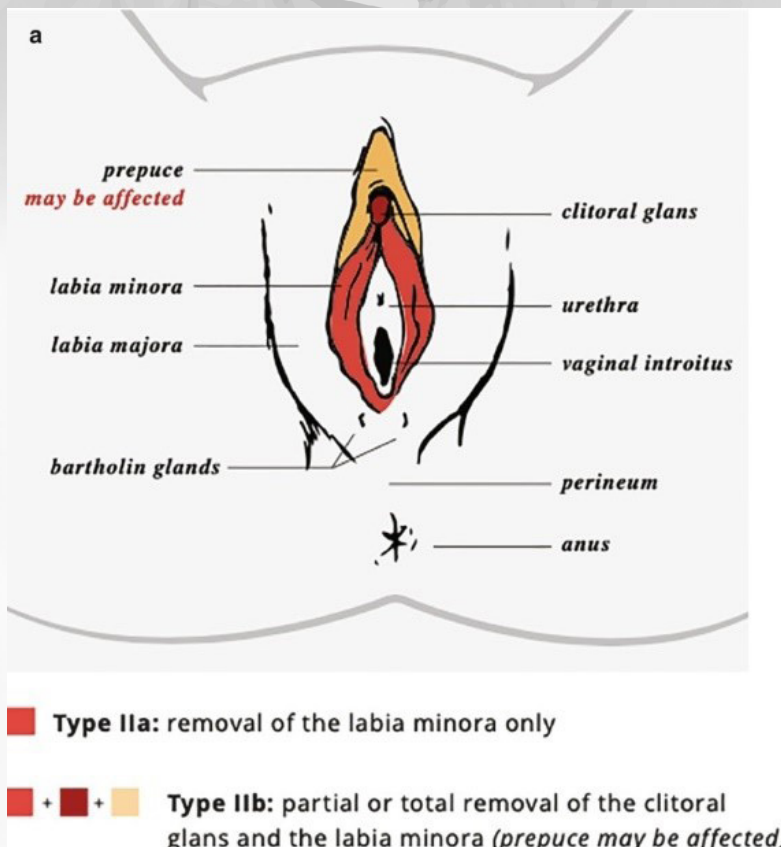
This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).



World Health Organization. *Care of girls and women living with female genital mutilation: A clinical handbook*. Geneva: WHO; 2018.

Type 2 – Excision

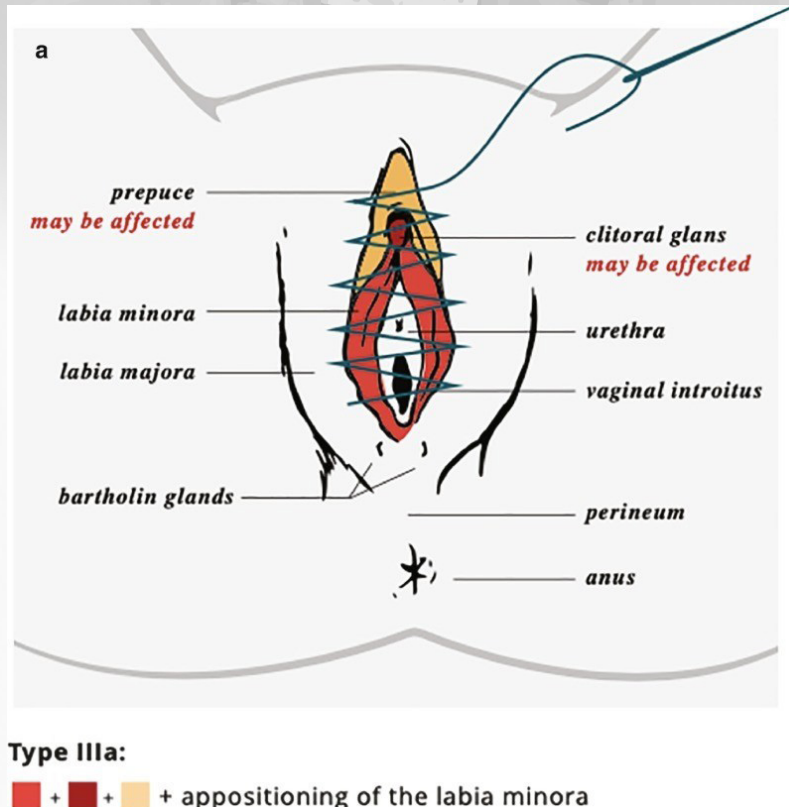
This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of the skin of the vulva).



World Health Organization. Care of girls and women living with female genital mutilation: A clinical handbook. Geneva: WHO; 2018.

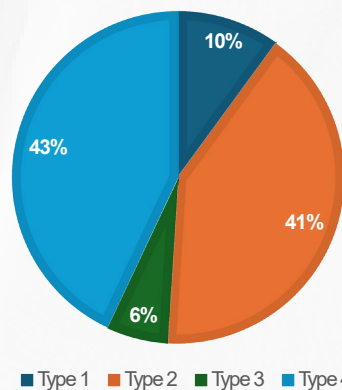
Type 3 – Infibulation

This is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.



World Health Organization. *Care of girls and women living with female genital mutilation: A clinical handbook*. Geneva: WHO; 2018.

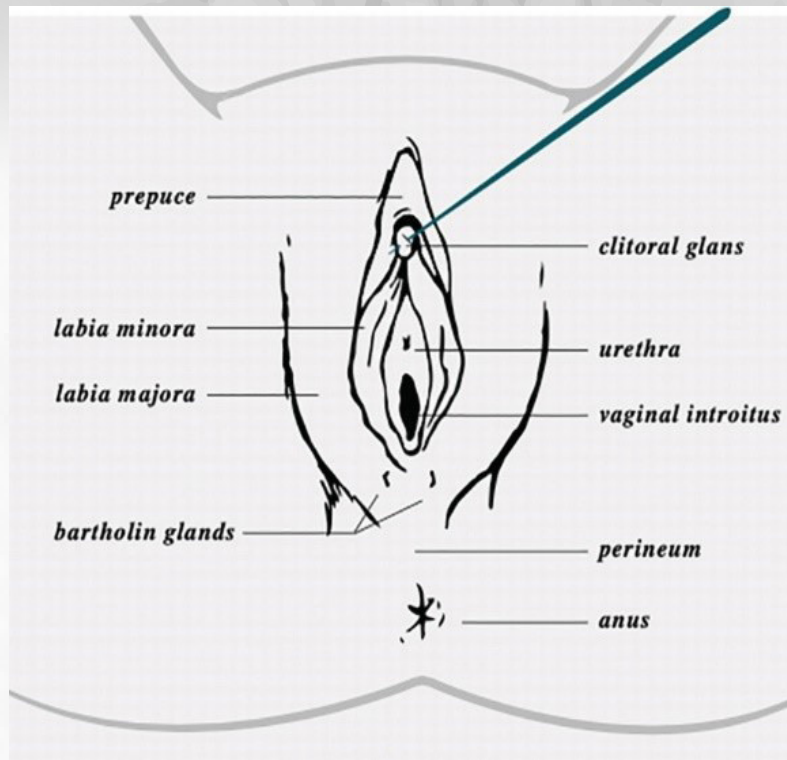
Rating most common FGMs practiced in Nigeria



Type 2 (excision) appears to be the most common FGM practiced in Nigeria with Type 3 (infibulation) being the lowest (NDHS, 2018 report)

Type 4 – Other Harmful Procedures

This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping, and cauterizing the genital area. In Nigeria, the most common type of FGM is **excision** (Type 2), with 41% of women undergoing this procedure. 10% of women underwent **clitoridectomy** (Type 1) and 6% had an **infibulation** (Type 3). (NDHS, 2018)



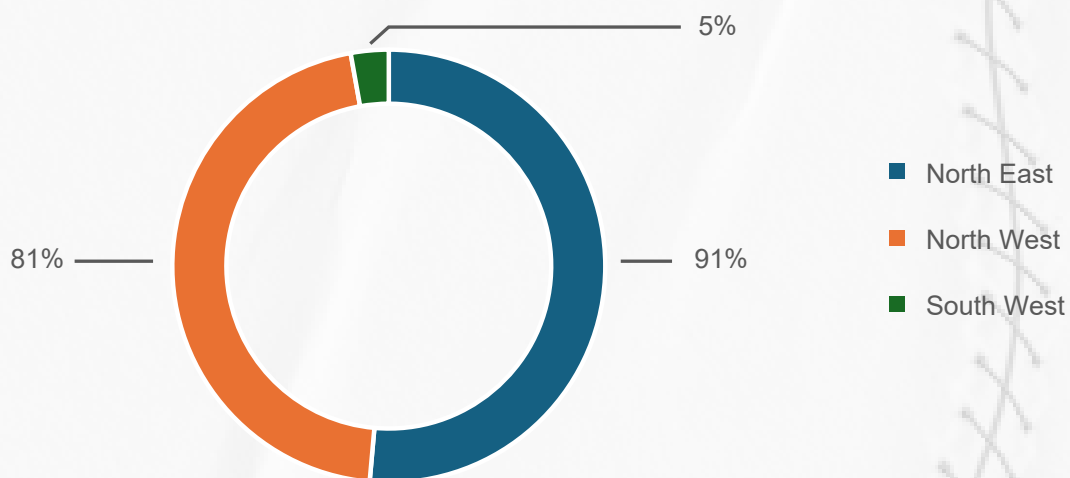
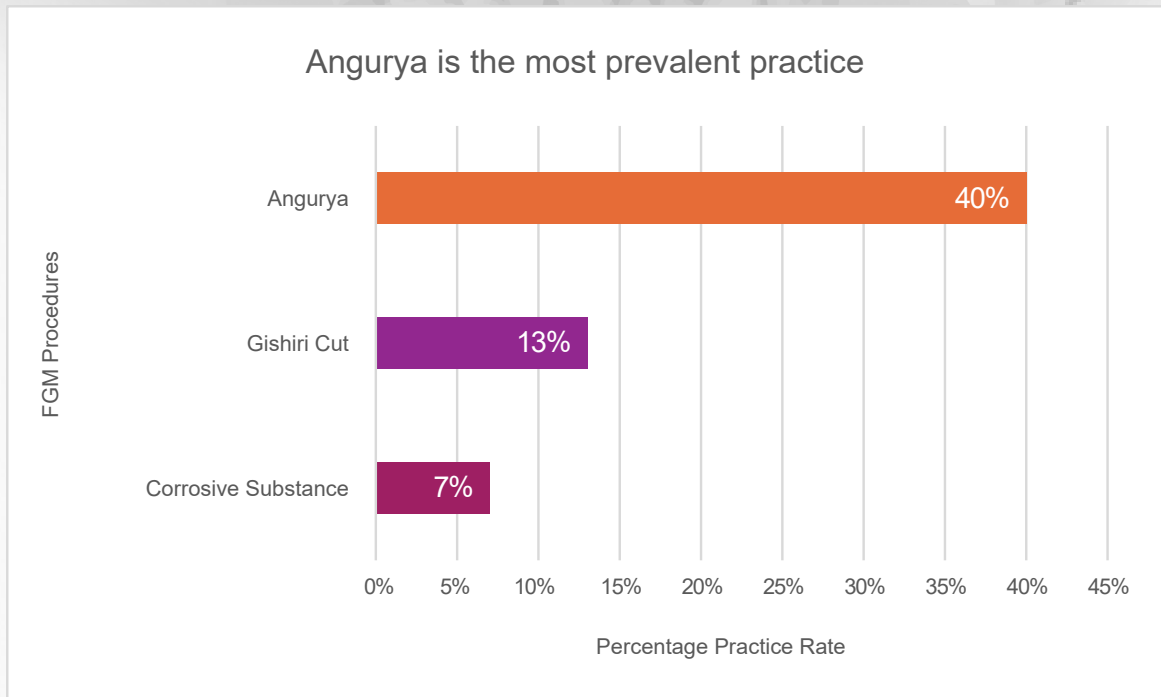
World Health Organization. *Care of girls and women living with female genital mutilation: A clinical handbook*. Geneva: WHO; 2018.

Angurya and Gishiri

Meanwhile, the NDHS reports that unclassified FGM procedures, such as **angurya** and **gishiri** are common forms in the north. While *angurya* has to do with the scraping of tissue surrounding the vaginal opening (hymenectomy), *gishiri* is a surgical cut on the anterior or posterior wall. (Mandara 2000, NPC and ICF 2014). A medical doctor, Dr. Bintu, who provides online health education for parents, young girls, and adolescents, explained the terms on her [Facebook page](#). She stated that *gishiri* is performed due to the belief that the accumulation of salt as against sweetness in the genitals causes

sexual and fertility problems, while *angurya* is carried out on the notion that growth in the genitalia like a cotton seed interferes with sexual and reproductive function.

40% of women who had been circumcised had *angurya* performed, while 13% had *gishiri* cuts, and 7% experienced the use of corrosive substances. It was discovered that *angurya* is most common in the northeast with 91% of women affected, 81% of women affected in the northwest, and least common in the southwest as only 5% underwent it. (NDHS, 2018)



Prevalence rate of Angurya FGM procedure in Nigeria

Medicalization of FGM

Despite the call to abandon FGM, some Nigerians are opting for medicalization. Medicalization of FGM involves the use of healthcare providers—doctors, nurses/midwives, or other health professionals—to perform the practice either at facilities or at home. It also includes the procedure of re-infibulation at any point in a woman's life (WHO 2010). A major reason why some communities are turning to medicalization is the notion that it eliminates complications associated with the traditional forms. This, however, does not eliminate the practice's harmful effects or that FGM violates women's and girls' reproductive rights.

Although beyond the prevalence rates, there is minimal information about the medicalization of FGM in Nigeria. However, it is reported that 12.7% of women were cut by healthcare professionals (NPC and ICF 2014). Medicalization of FGM shows the deep-rooted social norms and beliefs that support the practice of FGM are still strong and prevalent.

What Does the Law Say About FGM in Nigeria?

The Constitution of the Federal Republic of Nigeria (1999), which is the country's supreme law, does not explicitly spell out FGM as a criminal offence. Section 34(1) of the law states that 'no person shall be subject to torture, inhuman, or degrading treatment.' Likewise, section 11(b) of the Child Rights Act states that no 'child shall be subjected to any form of torture, inhuman or degrading treatment or punishment.'

In May 2015, however, the Violence Against Persons (Prohibition) Act, became the first federal law to outrightly condemn and prohibit FGM across the country. The Act aims to eliminate and prohibit all forms of violence against persons and provide maximum protection and effective remedies for victims and punishment of offenders, and related matters. The VAPP Act, in section 6, specifically mentioned FGM as a criminal act, specifying punishment for anyone who performs, attempts to, or incites, aides, and counsels another person to commit the offence.

Nigeria's Penal Code is a substantive criminal law that applies in 12 northern states in Nigeria. Although the code does not explicitly mention, condemns, or prohibits FGM, sections 240 and 241, among others (242, 243, 248, and 253) strongly reprove causing hurt to others and define the actions recognized to be grievous hurt. FGM falls under the foregoing categories and can be punishable under the sections, but there has been no record of arrest, prosecution, or conviction against cutters.

The criminal code applies in southern Nigeria, and, like the Penal Code, it does not specifically mention, condemn, or prohibit FGM. However, Sections 1 and 222 of the Criminal Code Act (revised, 2004) take a strong stance against causing harm and the indecent treatment of girls under 16.

It is important to note that Lagos, Osun, Ondo, Ekiti, Bayelsa, Ogun, Delta, Ebonyi, Oyo, Imo, Edo, Cross-River and Rivers States have their own laws that prohibit FGM.

Why FGM Persists in Nigeria

Deeply ingrained socio-cultural norms are one of the major reasons why FGM is still practiced in Nigeria. Despite advocacy and the introduction of the law, there are more reasons why the harmful traditional practice continues to exist in Nigeria:

1. **Slow adoption of the VAPP Act and related laws across all states**

Nine years after the VAPP Act was passed into law, not all states have adopted or gazetted the law; and, even in states that have adopted it, implementation is slow. Although the federal government is responsible for passing general laws, state governments must adopt them before they can be used in their respective states. As of February 2022, 28 states including the FCT have adopted the Violence Against Persons Prohibition (VAPP) Act 2015 with the law gazette in 15 states (including the FCT).

2. **Inconsistency in FGM law enforcement**

The lack of adoption and implementation across all states in Nigeria limits the effectiveness of the law and the efforts of anti-FGM advocates in eliminating the harmful traditional practice in Nigeria. Nine years since the VAPP Act was introduced, there has been no record of a single conviction nor has the law been applied to ensure compliance, even in states that have their own laws prohibiting FGM. Not enforcing the law emboldens perpetrators to continue with the harmful practice. Unless the government makes an example of a cutter, others will not be deterred from stopping the harmful practice.

3. **Inconsistent public awareness**

A lack of or inconsistent public awareness about the existence of the VAPP Act is another reason why FGM is still practiced in Nigeria. The public, including some law enforcement entities, is either unaware or lacks sufficient awareness about FGM and the anti-FGM legislation. As a result, enforcement of the law at the local level is impossible. When people are unaware of the availability of a law that protects them, the likelihood of using that law is zero.

Data from the Information and Awareness index of Womanity Index (GBV) by Invictus Africa revealed that only 51.5% of Nigerians know of any GBV information, education programs or materials in their state and only 19.7% found the content of the GBV awareness material useful.

Taking a Stand Against FGM

The first step to eliminating FGM in Nigeria is to take the issue as seriously as other forms of violence against women. Considering that the effects of FGM extend beyond the physical cut, so long as the scar is not visible to all, we will fail to see it as an abuse of girls' and women's sexual and reproductive health.

Secondly, Nigeria is a patriarchal society where men are considered as the head of the family. While some fathers may not be personally involved in the cutting of their daughters, they serve as key decision-makers and often defer to the opinion of their wives and mothers on issues they consider 'women's matter.' Hence, to save girls and women from FGM, we must educate boys and men on its harmful effects of and the parts of the body responsible for human sexual behaviour. They must be made to understand and differentiate between the positive aspects of culture and the negative parts that must be abandoned. Men can become strong advocates when they are properly and consistently engaged in the fight against FGM.

In addition, institutions and persons of authority such as the church, mosque, traditional leaders, association leaders, and law enforcement agents must be educated on not just the harmful effects of FGM but the position of the law but also their responsibilities. This is crucial if we must win the war against FGM in Nigeria.

Also, it is expedient to leverage all forms of communication to consistently educate the public on FGM and the law's stance. Memorable and informative jingles in different local languages can be utilized in educating people and encouraging them to report cases. Channels for reporting FGM cases should be established. Helplines and appropriate protection programs need to be set up for girls at risk. Additionally, Sexual Assault Referral Centres (SARCs) could serve as safe spaces for girls threatened by or the ones who have experienced FGM.

The importance of survivors sharing their stories cannot be underestimated in the war against FGM. Survivors must consistently use their voices and platforms to share their stories while educating others on the need to abandon the practice. To tackle the medicalization of FGM, healthcare practitioners must be engaged not only within their professional roles but also as members of communities that uphold FGM culture.

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